

# Strawberry Cemetery

Turn R of "Camper World" & south  
of that is Strawberry Cemetery

Bishop \_\_\_\_\_ I've used to play  
the fiddle for dances down there  
& kids congregated to dance

Table 3-1

**LICENSED PHYSICIANS BY WORK STATUS  
AND RESIDENCE: UTAH, 1970**

County City	Total Licensed	Practicing	Employed	Retired	Other
<b>State Total</b>	<b>1,382</b>	<b>1,015</b>	<b>128</b>	<b>50</b>	<b>189</b>
Beaver	4	3	0	1	0
Beaver	2	1	0	1	0
Milford	2	2	0	0	0
Box Elder	17	13	1	1	2
Brigham City	12	10	0	0	2
Garland	1	0	0	1	0
Tremonton	4	3	1	0	0
Cache	43	36	1	4	2
Hyrum	1	1	0	0	0
Logan	40	33	1	4	2
Smithfield	2	2	0	0	0
Carbon	10	10	0	0	0
Dragerton	0	0	0	0	0
Helper	2	2	0	0	0
Price	8	8	0	0	0
Daggett	0	0	0	0	0
Davis	61	38	4	1	18
Bountiful	41	25	1	0	15
Clearfield	3	3	0	0	0
Farmington	4	1	2	0	1
Kaysville	5	2	1	1	1
Layton	7	6	0	0	1
No. Salt Lake	1	1	0	0	0
Duchesne	5	3	1	0	1
Ft. Duchesne	2	0	1	0	1
Roosevelt	3	3	0	0	0
Emery	2	1	0	1	0
Huntington	1	0	0	1	0
Green River	1	1	0	0	0
Garfield	3	3	0	0	0
Escalante	1	1	0	0	0
Panguitch	2	2	0	0	0
Grand	3	3	0	0	0
Moab	3	3	0	0	0
Iron	10	9	0	0	1
Cedar City	9	8	0	0	1
Parowan	1	1	0	0	0

## Strawberry Walk

Turn RT @ Camper world & south  
of that is strawberry cemetery

Bishop \_\_\_\_\_ Ivie used to play the  
fiddle for dances down there & the  
kids would congregate to dance  
in cemetery there

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

This questionnaire will help the doctor to find out about your health when he talks to you about the illness that led you to come to our clinic. In addition, the doctor may want to ask you more questions about some of the things mentioned on these sheets. Follow the directions and be brief in your answers. Ask the nurse if you have any questions. If you are still uncertain about particular items, leave the answers to those questions blank and you can discuss it with the doctor later.

What is the main single medical reason for coming here? \_\_\_\_\_

How long has this troubled you? \_\_\_\_\_

Briefly outline the course of your illness:

Have you had all of the usual childhood diseases? That is, did you have measles, German measles, mumps and chickenpox? Yes \_\_\_\_\_ No \_\_\_\_\_

What other serious illnesses have you had in childhood or as an adult?

Nature of illness:

How many years ago?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been admitted to a hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Hospital

How many years ago

Illness

Treatment

\_\_\_\_\_

\_\_\_\_\_

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